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ABSTRACT

This report focuses on Medicaid and the State Children's Health Insurance Program (SCHIP) for low-income, uninsured children. It examines the 2000 National Survey of American Families data, concluding that in 2000, over half of all children and about 90 percent of low-income children were eligible for Medicaid or SCHIP coverage. Nearly 70 percent of uninsured children who qualified for public coverage were actually eligible for Medicaid, not SCHIP. Although many states had implemented policies to facilitate enrollment and increase retention, states were more willing to do so under SCHIP than Medicaid. (Contains 15 references.) (SM)

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New Federalism: National Survey of America's Families, Series B, No. B-41.

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New Federalism
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SCHIP
State Children's Health Insurance Program Evaluation

Children's Eligibility for Medicaid and SCHIP: A View from 2000

Lisa Dubay, Jennifer Haley, and Genevieve Kenney

Together the Medicaid and SCHIP programs provide a broad safety net that would protect many children from becoming uninsured in the event of an economic downturn or an erosion in employer-sponsored insurance.

Introduction

In August 1997, Congress created the State Children's Health Insurance Program (SCHIP) to expand health insurance coverage for low-income uninsured children. The SCHIP legislation gave states the option of using Medicaid, a separate state program, or some combination of the two to expand coverage. The SCHIP legislation, along with other provisions of the Balanced Budget Act of 1997, also gave states greater flexibility to streamline the eligibility determination process under both Medicaid and SCHIP by allowing them to implement presumptive and continuous eligibility for children. In addition, the legislation allowed separate SCHIP programs to charge premiums and to implement waiting periods in order to prevent crowd-out.

By 1999, all states and the District of Columbia had received federal approval to implement their SCHIP programs, and by 2000, 33 states had increased eligibility thresholds for children of all ages to at least 200 percent of the federal poverty level (FPL) (Health Care Financing Administration [HCFA] 2000). Despite this broad expansion of eligibility, 22 percent of low-income children (those with family incomes below 200 percent of FPL) were uninsured in 1999 (Kenney, Dubay, and Haley 2000). In the wake of SCHIP's implementation, policymakers have become increasingly interested in knowing how many children are now eligible for Medicaid and SCHIP and how far these public health insurance programs can go toward solving the problem of uninsured children.

This brief presents estimates of Medicaid and SCHIP eligibility, using the eligibility rules in place as of July 2000, for children ages 0 to 17. The results are based on data from the 1999 National Survey of America's Families (NSAF) and rely on a detailed Medicaid and SCHIP eligibility simulation model. Half of all children, accounting for about 85 percent of low-income uninsured children, were estimated to be eligible for Medicaid or SCHIP. Among eligible children, 65 percent were eligible for Medicaid and 35 percent were eligible for SCHIP. Eligibility for Medicaid and SCHIP varied tremendously across the *Assessing the New Federalism* (ANF) study states.[1] The share of children eligible for public health insurance coverage ranged from 34 percent in Massachusetts to 65 percent in Mississippi, reflecting differences in the income distribution across states as well as states' choices of eligibility thresholds.

In order to solve the problem of uninsurance among children, current efforts must focus on enrolling the 6.8 million uninsured children who are eligible for coverage under Medicaid and SCHIP. However, even if these efforts are successful, 8 percent of low-income uninsured children are noncitizens who are not eligible for Medicaid or SCHIP solely because

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of their legal status. Covering this group of uninsured children will require either state funds or new federal legislation.

Data and Methods

The NSAF is a nationally representative household survey that oversamples the low-income population in 13 states and the nation as a whole (Brick et al. 1999). Detailed information was collected on up to two children in each household (one under age 6 and one between ages 6 and 17). The respondent was the adult who knew the most about the child's education and health care. Overall, information was collected on more than 35,000 children in 1999.

The analysis presented here relies on a detailed Medicaid and SCHIP eligibility simulation model. Two recent studies estimated eligibility under Medicaid and SCHIP using different national surveys from 1999 (Broaddus and Ku 2000; Cunningham 2001). Both of these studies relied on eligibility models that compare total family income to eligibility thresholds but do not take into account program-specific income disregards. In addition, neither study attempted to address the role of the legal status of foreign-born noncitizen children on eligibility.

The eligibility simulation model developed for this analysis attempts to mimic the eligibility determination process faced by families.[3] First, eligibility units were created from the household survey data. Only individuals who would be considered in the eligibility determination process were included in these units. Second, Medicaid and SCHIP eligibility rules in place as of July 2000 were applied to these units regarding eligibility thresholds (which vary by the age of the child), family composition, and work status of the parents; how income is counted, including whose income and what types of unearned income are counted; work, earned income, child care, and child support disregards; asset limits; and deeming of stepparent and grandparent income. Third, children were categorized into two eligibility groups: (1) those eligible for Medicaid (Title XIX) and (2) those eligible for SCHIP (Title XXI). While some children eligible for SCHIP are served by the Medicaid program and others by separate state programs, all SCHIP-eligible children, regardless of the program by which they would be served, are included in the SCHIP-eligible group. Finally, children with private insurance coverage who met all other eligibility requirements were considered eligible for SCHIP, even though the legislation specifically makes only those who are uninsured eligible.[3] This was done because these children are potentially eligible if crowd-out prevention mechanisms do not work or if the children should become uninsured.

It is important to note that the NSAF does not collect sufficient information to determine whether children who are not citizens are eligible for Medicaid and SCHIP. In particular, data are not available regarding whether individuals are "qualified aliens" and potentially eligible for federal means-tested programs, or undocumented aliens and eligible only for emergency services under Medicaid or state-funded programs.[4] About 40 percent of all noncitizen children and slightly over half of uninsured noncitizen children were undocumented according to estimates based on the March 2000 Current Population Survey (CPS) and Urban Institute imputations of legal status of immigrants.[5,6]

To address this issue, estimates of eligibility for key national statistics are presented in two ways. First, all foreign-born children who are noncitizens and met all other eligibility criteria were assumed to be eligible. Second, these estimates were adjusted to reflect the legal status of noncitizens by applying the CPS estimates of the share of noncitizen children who are undocumented to the NSAF data and subtracting from the unadjusted eligible group the share that were undocumented. Results at the state level assume all noncitizens are eligible, because adjustment factors are not reliable at the state level.

Results

How Many Children Are Eligible?

All Children. Table 1 presents the eligibility status of different groups of children under 18 in the United States. By the middle of 2000, half of all children were income-eligible for public coverage. Among all children, a third were eligible for Medicaid, and 18 percent met the income requirements for SCHIP. It is important to note that 71 percent of the SCHIP-eligible children had private coverage and would be eligible for SCHIP only if they were to become uninsured and met state-specific criteria designed to prevent the substitution of public coverage for private coverage (data are not shown).[7] Together the Medicaid program and the expansions in eligibility under SCHIP provide a broad safety net for a larger share of America's children.

Similar patterns exist when only low-income children are considered, with Medicaid being the dominant program for which children are eligible. Sixty-four percent of low-income children were eligible for Medicaid and 26 percent were income-eligible for SCHIP, while 10 percent were not eligible for either program when legal status is not accounted for. Estimates that adjust for the legal status of children who were not citizens presented a similar distribution.

Uninsured Children. Of uninsured children, 57 percent were eligible for Medicaid and an additional 26 percent were eligible for SCHIP,

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TABLE 1. Percentage of Children Eligible for Public Health Coverage, 1999, Unadjusted and Adjusted Estimates*

	All Children				Uninsured Children			
	All Children (72.0 million) (%)		Low-Income Children (29.4 million) (%)		Uninsured Children (8.9 million) (%)		Low-Income Uninsured Children (6.5 million) (%)	
	Unadjusted	Adjusted	Unadjusted	Adjusted	Unadjusted	Adjusted	Unadjusted	Adjusted
Medicaid-Eligible	33.4	32.7	64.0	62.4	56.5	52.1	65.5	59.6
SCHIP-Eligible	17.8	17.5	25.6	25.0	26.4	24.6	26.6	24.5
Ineligible	48.8	49.8	10.4	12.6	17.1	23.2	7.9	15.9

Source: Urban Institute tabulations of 1999 National Survey of America's Families, using simulation of Medicaid and SCHIP rules as of July 2000.

* Unadjusted estimates treat foreign-born children who are not citizens as eligible if they meet other eligibility requirements. Adjusted estimates assume that 41.5 percent of all children, 43.1 percent of low-income children, 53.3 percent of uninsured children, and 55.5 percent of low-income uninsured children who are foreign-born and not citizens are undocumented and not eligible for Medicaid or SCHIP. SCHIP eligibility estimates for all children include those with private coverage who meet the SCHIP income eligibility rules.

while only 17 percent were not eligible for either Medicaid or SCHIP as of July 2000. When ineligibility because of legal status was accounted for, the share of uninsured children who were not eligible for Medicaid or SCHIP coverage increased to 23 percent. Thus, of the 8.9 million uninsured children, 6.8 million were eligible for public health insurance coverage, with 4.6 million eligible for Medicaid and 2.3 million eligible for SCHIP (data are not shown). Uninsured but ineligible children account for less than 4 percent of all children nationally (data are not shown).*

Among low-income uninsured children, only 8 percent were not eligible for Medicaid or SCHIP, when legal status was not accounted for. However, it is important to note that this estimate doubled, increasing to 16 percent, when the estimates were adjusted to account for the legal status of children who are not citizens. Even if states were to expand eligibility to more children under Medicaid and SCHIP, at least 8 percent of all uninsured low-income children would remain ineligible because of their legal status. The number of children who fall into the ineligible category for this reason will increase over time as new immigrants, both qualified and undocumented, enter the country.

Variations in Eligibility across States

Beyond the minimum eligibility thresholds mandated under the Medicaid program, states have broad flexibility to set eligibility levels under both Medicaid and SCHIP. Thus, there is considerable variation in income thresholds for these programs.[9] Along with disparities in income distributions across states, this leads to significant variation among states in the proportion of children eligible for these programs. The share of children eligible for Medicaid and SCHIP is presented in figure 1 for the 13 ANF study states, the balance of the nation, and the nation as a whole.[10] While less than 40 percent of all children in Colorado, Massachusetts, and Wisconsin were eligible for Medicaid or SCHIP, 55 percent or more of all children were eligible in California, Florida, New Jersey, New York, and Texas, and 65 percent of all children were eligible in Mississippi.[11] Similar variation existed in the percentage of children who were eligible for the individual programs—from 48 percent in Minnesota to 21 percent in Massachusetts eligible for Medicaid, and less than 1 percent in Minnesota to 33 percent in New Jersey eligible for SCHIP.[12]

The income distribution of states has a critical influence on the number of children who are eligible for Medicaid and SCHIP. For example, both Massachusetts and Mississippi have upper income levels under SCHIP that are set at 200 percent of the FPL, but despite the comparable eligibility rules, 34 percent of all children were eligible for public health insurance programs in Massachusetts while 65 percent were eligible in Mississippi. Moreover, Mississippi—a state that had Medicaid eligibility thresholds for children close to the mandated minimum levels—has the same share of Medicaid-eligible children as Minnesota and Washington, two states that had the broadest coverage of children under Medicaid. Differences in income distribution across states likely affected the choices states made to expand Medicaid before SCHIP as well as the programmatic choices states made when designing their SCHIP programs.

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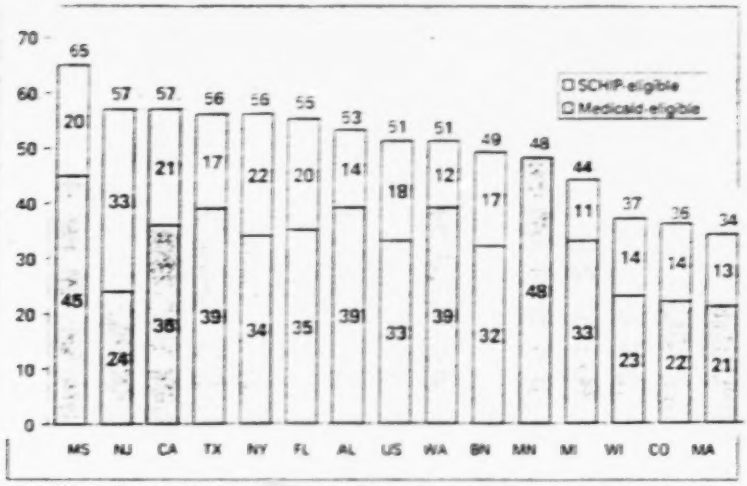
FIGURE 1. Percentage of Children Income Eligible for Public Health Insurance Coverage, by State, 1999



Source: Urban Institute tabulations from the 1999 National Survey of America's Families, using simulation of Medicaid and SCHIP rules as of July 2000.
Note: Uses unadjusted version of simulation that allows noncitizen children to be eligible if they meet income and other requirements of eligibility. BN indicates Balance of Nation.

What Are Children Eligible for?

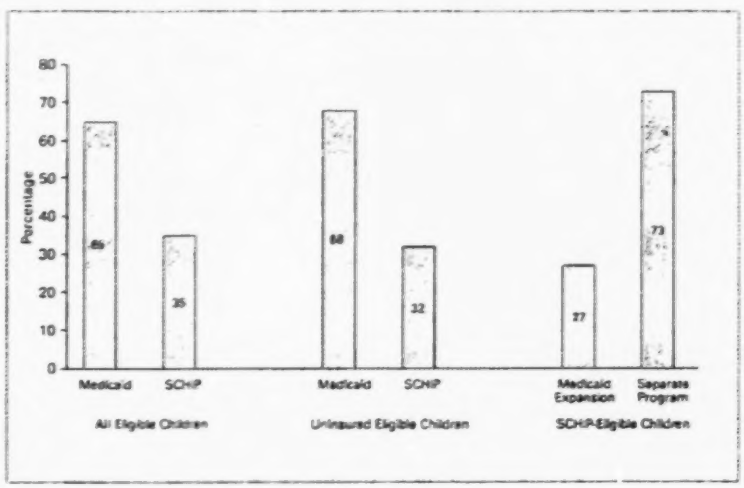
Figure 2 presents data on the program for which eligible children are eligible. Of the 37 million children eligible for Medicaid and SCHIP, 65 percent were eligible for Medicaid and 35 percent were eligible for SCHIP. Among eligible but uninsured children, 68 percent (5 million) were eligible for Medicaid. This suggests that efforts to enroll eligible children must focus on the Medicaid program.

As mentioned earlier, states were given the option under SCHIP to expand Medicaid, create or expand separate state programs, or use a combination approach. The vast majority of SCHIP-eligible children (73 percent) were eligible under separate state programs. Still, fully a quarter of all SCHIP-eligible children could be served by the Medicaid program.

Table 2 presents data on key program characteristics faced by eligible children that may either facilitate enrollment and retention or dampen participation in public health insurance programs. States appear to have taken advantage of the new options to streamline the eligibility determination process by implementing both continuous and presumptive eligibility.[9] Twenty-nine percent of Medicaid-eligible children and 59 percent of SCHIP-eligible children could enroll for a continuous 12 months. This means that 39 percent of all eligible children could stay enrolled in these public programs for a full year without undergoing redetermination procedures, even if their family's income increased. In addition, a number of states have implemented presumptive eligibility, which allows children who appear to be eligible for the programs to begin to receive services while their families complete the formal application process. Nine percent of all eligible children (5 percent of Medicaid-eligible children and 15 percent of SCHIP-eligible children) are eligible for programs that have adopted presumptive eligibility.

In an effort to deter crowd-out under SCHIP, states that created separate programs were allowed to implement waiting periods; that is, to

FIGURE 2. Program Type for Income-Eligible Children, 1999



Source: Urban Institute tabulations of 1999 National Survey of America's Families, using simulation of Medicaid and SCHIP rules as of July 2000.
Note: Uses unadjusted version of simulation that allows noncitizen children to be eligible if they meet income and other requirements of eligibility.

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TABLE 2. Program Characteristics for Children Income-Eligible for Public Health Insurance Coverage, 1999

	All Eligible Children (%)	Medicaid-Eligible Children (%)	SCHIP-Eligible Children (%)
Have 12-Month Continuous Eligibility	39	29	59
Have Presumptive Eligibility	9	5	15
Face Waiting Periods	26	n.a.	74
1 to 2 Months	1	n.a.	3
3 to 4 Months	14	n.a.	41
6 to 12 Months	10	n.a.	29
Face Premiums	27	2	74

Source: Urban Institute tabulations of 1999 National Survey of America's Families, using simulation of Medicaid and SCHIP rules as of July 2000.

Note: Uses unadjusted version of simulation that allows noncitizen children to be eligible if they meet income and other requirements of eligibility.

require that a child be uninsured for a specified period after having private coverage and before enrolling in SCHIP (Lutzky and Hill 2001). Three percent of all SCHIP-eligible children would face waiting periods of 1 to 2 months, 41 percent would face waiting periods of 3 to 4 months, and 29 percent would face waiting periods of 6 to 12 months. Thus, the majority of SCHIP-eligible children would have to go some length of time without any coverage in order to enroll in SCHIP.[14]

Monthly premiums were implemented by many states with separate SCHIP programs and under some Medicaid waivers to share the costs of coverage with families and to make public coverage more like that of private plans. Only 2 percent of Medicaid-eligible children would face premiums (concentrated in five states that implemented premiums for those at the upper ends of their eligibility thresholds). However, 74 percent of SCHIP-eligible children would face premiums.

Discussion

On the basis of the rules in place in July 2000, more than half of all children and about 90 percent of low-income children were eligible for coverage under Medicaid or SCHIP. Together the Medicaid and SCHIP programs provide a broad safety net that would protect many children from becoming uninsured in the event of an economic downturn or an erosion of employer-sponsored insurance. Moreover, the vast majority of uninsured children (6.8 million) are eligible for Medicaid or SCHIP, and less than 4 percent of all children remain uninsured and ineligible. These results illustrate the tremendous opportunity that exists for reducing uninsurance among children but also highlight the challenges that remain. Lack of eligibility for public health insurance coverage is no longer the reason for uninsurance for most children; therefore, there must be other barriers.

While policymakers at the national and state levels have focused considerable energy and enthusiasm on SCHIP, this analysis shows that, in fact, 68 percent of uninsured children who qualify for public coverage are actually eligible for Medicaid, not SCHIP. Thus, focusing on enrollment in, retention in, and access under the Medicaid program is critical for ensuring that low-income children's health care needs are met. The results of this analysis indicate that although many states have implemented policies to facilitate enrollment and increase retention, states have been more willing to do so under SCHIP than under Medicaid. Moreover, many state marketing campaigns to reach eligible families have tended to promote Medicaid and SCHIP together or SCHIP alone (Perry et al. 2000). Some of these efforts may increase participation under Medicaid, but targeted outreach to promote Medicaid may be necessary. To substantially reduce the problem of uninsurance among the nation's children, attention must focus heavily on expanding enrollment in Medicaid in addition to SCHIP.

Simplifying the enrollment processes and conducting outreach may not be enough. While knowledge gaps about Medicaid and SCHIP programs, and hassles related to the enrollment process, account for large shares (32 and 10 percent, respectively) of the reasons why parents of uninsured low-income children did not enroll them in these programs, 22 percent of these parents indicate that they do not want or need the program, and 18 percent of these children had been enrolled in Medicaid or SCHIP in the past year (Kenney and Haley 2001). Creating strategies to address these barriers to enrollment is more challenging.

A number of factors have changed since 1999, the year of the survey on which this analysis is based. In particular, HCFA issued orders to states to attempt to identify and enroll children and adults inadvertently dropped from Medicaid as a result of welfare reform; a number of states implemented large expansions in eligibility under SCHIP; and SCHIP enrollment grew from 1.3 to 2.3 million between June 1999 and June 2000 (Smith 2001).[15] As a consequence of these changes, more children are now eligible for SCHIP, uninsurance among eligible children may have been reduced, and the distribution of eligible but uninsured children between

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the Medicaid and SCHIP programs may have changed. Thus, the current picture may look different.

Only the future will reveal whether the potential of Medicaid and SCHIP to solve the problem of uninsured children illustrated in this brief will be realized. In order for this to happen, states will need to increase children's participation in both Medicaid and SCHIP and maintain or expand eligibility for these programs even in the face of impending budget shortfalls and growing caseloads. Given the variation in the share of children eligible across states, this burden will be much greater for some states than for others. The ability to reduce uninsurance among children may depend, in part, on the extent to which attempts to streamline the eligibility determination and redetermination processes lead to increased participation, and whether premiums and crowd-out prevention strategies, which principally affect children eligible for SCHIP, dampen participation among the uninsured. Finally, noncitizen children who are ineligible for Medicaid and SCHIP constitute an important share of low-income uninsured children. States may need to develop and fund state programs to address the needs of this population.

Endnotes

1. The 13 ANF states are Alabama, California, Colorado, Florida, Massachusetts, Michigan, Minnesota, Mississippi, New Jersey, New York, Texas, Washington, and Wisconsin.

2. For a full description of the model, see Dubay and Haley (forthcoming). Similar methods have been used by Selden, Banthin, and Cohen (1998, 1999) and Davidoff et al. (2000).

3. In contrast, children are generally eligible for Medicaid regardless of their insurance status.

4. The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) imposed far-reaching restrictions on eligibility of noncitizens for federal means-tested benefits, such as Medicaid and SCHIP. In particular, states were given the option to cover "qualified aliens" who entered the country before August 22, 1996 (preenactment immigrants), and were banned from using federal funds to cover "qualified aliens" who entered after this date (post-enactment immigrants) for the first five years they are in the country. Qualified aliens include permanent legal residents, refugees, asylees, and certain other individuals. While all states have continued to cover preenactment immigrants, only 14 states use state funds to cover postenactment immigrants during the ban, and only 9 states provide comprehensive health insurance to undocumented aliens (Zimmermann and Tumlin 1999).

5. When only low-income children are examined, the proportions undocumented are about the same.

6. The methodology used to impute legal status to foreign-born noncitizens using the CPS is described in Passel and Clark (1998). Estimates of the share of foreign-born noncitizen children who were undocumented in 1999 were produced for this paper by Jeffrey Passel. Undocumented children are noncitizens who are not legal permanent residents, refugees, asylees, or legal temporary residents.

7. The share of children eligible for Medicaid with private insurance coverage is much smaller: 37 percent.

8. The percentage varies depending on the treatment of noncitizens.

9. Among the ANF study states, eligibility thresholds for children ranged from a low of 185 percent of FPL in Colorado and Wisconsin to a high of 350 percent of FPL in New Jersey. Alabama, Florida, Massachusetts, Michigan, Mississippi, and Texas covered children up to 200 percent of FPL; California, New York, and Washington covered children up to 250 percent; and Minnesota covered children up to 275 percent.

10. Estimates for the balance of the nation are based on participation rates in the 37 other states and the District of Columbia.

11. When *all* noncitizen foreign-born children are considered *ineligible*, the share of children eligible for Medicaid or SCHIP in states with large immigrant populations falls to 54 percent in New Jersey, 53 percent in Texas, and 51 percent in California, Florida, and New York.

12. The share of SCHIP-eligible children who had private coverage also varied, ranging from 57 percent in Massachusetts to 86 percent in Washington, indicating that *actual* eligibility may vary even more.

13. The findings regarding program characteristics do not change significantly if only those enrolled or only those who are uninsured are considered, or if foreign-born noncitizens are excluded from the analysis.

14. Many states have instituted exceptions to waiting periods such as when a parent loses a job or the employer stops offering coverage (Lutzky and Hill 2001).

15. Figures on enrollment represent point-in-time estimates from June of each year. Estimates based on the number of children ever enrolled in federal fiscal years 1999 and 2000 show similar patterns, increasing from 2.0 to 3.3 million children (HCFA 2000).

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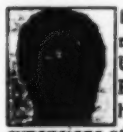

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This series presents findings from the 1997 and 1999 rounds of the National Survey of America's Families (NSAF). Information on more than 100,000 people was gathered in each round from more than 42,000 households with and without telephones that are representative of the nation as a whole and of 13 selected states (Alabama, California, Colorado, Florida, Massachusetts, Michigan, Minnesota, Mississippi, New Jersey, New York, Texas, Washington, and Wisconsin). As in all surveys, the data are subject to sampling variability and other sources of error. Additional information on the NSAF can be obtained at **http://newfederalism.urban.org**.

The NSAF is part of ***Assessing the New Federalism,*** a multiyear project to monitor and assess the devolution of social programs from the federal to the state and local levels. Alan Weil is the project director. The project analyzes changes in income support, social services, and health programs. In collaboration with Child Trends, the project studies child and family well-being.

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